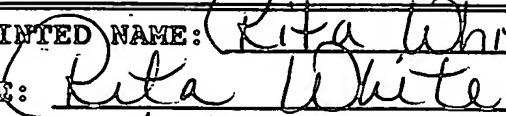


UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | |
|---|----------------|--|--------------------------|-----------|--|
| 1 Date of Request: | 3/9/05 | 2 Serial/Patent # | 10/524024 | | |
| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | |
| <input checked="" type="checkbox"/> Filing Fee Change | | | \$ 100.00 | | |
| <input type="checkbox"/> Amendment | | | \$ | | |
| <input type="checkbox"/> Extension of Time | | | \$ | | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ | | |
| <input type="checkbox"/> Petition | | | \$ | | |
| <input type="checkbox"/> Issue | | | \$ | | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ | | |
| <input type="checkbox"/> Maintenance | | | \$ | | |
| <input type="checkbox"/> Assignment | | | \$ | | |
| <input type="checkbox"/> Other | | | \$ | | |
| | | | 7 TOTAL AMOUNT OF REFUND | \$ 100.00 | |
| | | | 8 TO BE REFUNDED BY: | CC | |
| 9 REASON: | | <input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: 23-0975 | | | |
| <input checked="" type="checkbox"/> Overpayment | | | | | |
| <input type="checkbox"/> Duplicate Payment | | | | | |
| 10 NO Fee Due (Explanation): | | | | | |
| 11 REFUND REQUESTED BY: <input type="text"/> TYPED/PRINTED NAME: Rita White SIGNATURE:  OFFICE: DO/EO | | | | | |
| TITLE: Legal Webster Clancy PHONE: 7308-9140 ext. 231 | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | |
| APPROVED: _____ | | | DATE: _____ | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room S02B